AP069

PREGNANCY

What To Expect After Your Due Date

ACOG PATIENT EDUCATION

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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Waiting for the birth of a child is an exciting and anxious time. Most women give birth between 38 and 42 weeks of pregnancy. However, very few babies are born on their due date. It is normal to give birth as much as 3 weeks before or 2 weeks after your due date. This pamphlet will help you learn about:

- *How your due date is set*
- *Tests that check the well-being of the baby*
- *The risks to the baby and mother and what steps can be taken to reduce them*

Very few babies are born on the exact due date. Most babies born after their due date are born healthy.

Your Due Date

The average length of pregnancy is 280 days, or 40 weeks from the first day of a woman's last menstrual period. It can be hard to predict the exact date. Only 5% of babies are born on the exact due date.

Your due date is used as a guide for checking your pregnancy's progress and the baby's growth and age. Doctors often use more than one method to check the age of the fetus and set the due date. The size of the uterus may help assess the age of the fetus. ***Ultrasound*** also can be used to confirm the age of a fetus in the first half of pregnancy. Later in pregnancy, this method is not as precise.

The due date should be set as early in pregnancy as possible. Later, it becomes harder to set the due date accurately. This is one reason why early prenatal care is important.

Tests for Fetal Well-Being

Babies often are not born by the time of their due date. When this occurs, there are a number of tests that can help the doctor check on the health of the baby. Some tests can be done on your own at home. Some are done in the doctor's office, and others are done in the hospital:

- A kick count is a record of how often you feel your baby move. Healthy babies tend to move about the same amount each day. Your doctor will want to know about any sudden decrease in movement right away. More tests may be needed to see if the baby should be delivered soon.
- The ***nonstress test*** and the ***contraction stress test*** are used to assess fetal well-being (see box). These tests both use ***electronic fetal monitoring***.
- Ultrasound can show the position and approximate size of the baby and placenta. It can show the baby's heartbeat, breathing, and body movements. Ultrasound also can be used to measure the amount of amniotic fluid.
- A ***biophysical profile*** uses electronic fetal monitoring and ultrasound results to assess the well-being of your baby.

Labor Induction

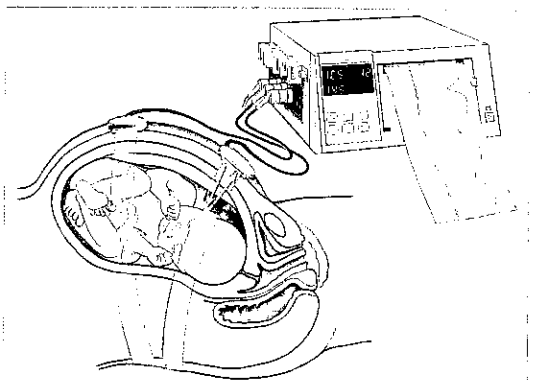
If you have passed your due date, your doctor may discuss inducing labor. This means your doctor will

Tests of Fetal Well-Being

For both the nonstress test and the contraction stress test, two belts are placed around the mother's abdomen to hold instruments that measure fetal heart rate and contractions of the uterus.

During the nonstress test, the mother pushes a button each time she feels the baby move, which causes a mark to be made on a paper recording. The fetus's heart rate is expected to increase when it moves.

The contraction stress test measures the fetal heart rate when the mother's uterus contracts. The contractions are induced, and changes in the fetus's heart rate are noted.



use medication or other methods to induce (bring on) labor. Labor is induced to cause a pregnant woman's cervix to open (dilate) and thin out (efface) to prepare for the vaginal birth of her baby. Whether your labor will be induced depends on your condition and that of your baby, how far along your pregnancy is, whether your cervix has begun to open, and other factors.

Labor induction carries some risks. You and your baby will be monitored throughout the process. The following methods are used for starting labor:

- Stripping the membranes. Your doctor inserts a gloved finger gently into your cervix. Next, he or she sweeps the finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This causes your body to release ***prostaglandins***. You may feel some intense cramping and have spotting when this is done.
- Ripening or dilating the cervix. If your cervix is not ready for labor, steps can be taken to make it soft and able to stretch for labor.
- Rupturing the amniotic sac. Breaking your water can get contractions started or make them stronger. Your doctor may make a small hole in the amniotic sac to release the amniotic fluid. Most women go into labor within hours of their water breaking. If labor does not occur, another method may be used to start your labor because you and your baby are at risk for infection once the amniotic sac has broken.
- Oxytocin. This is a hormone that causes contractions. When oxytocin is used to induce labor or make contractions stronger, it flows into your bloodstream through an intravenous (IV) tube in your arm.
- Prostaglandin agents. These are a type of medicine that can be used to induce labor. They are a synthetic form of prostaglandin that is similar to the chemical produced naturally by the body. It can be given by inserting it into the vagina or it can be taken by mouth. Sometimes, if the uterus does not begin to contract, a second dose may be needed.

Although problems with labor induction are rare, there can be some complications:

- Change in fetal heart rate
- Increased risk of infection to mother and baby
- The ***umbilical cord*** comes out before the baby or is pinched as the baby moves
- Uterine rupture

Some women are not able to give birth vaginally after labor is induced. These women have a cesarean delivery.

Risks

About 10% of normal pregnancies go past 42 weeks. These are called postterm pregnancies. Beyond 42 weeks of pregnancy, risks to the health of the baby and mother increase. The more prolonged the preg-

nancy, the greater the risks. Problems occur in only a few postterm pregnancies. Most women who give birth to their babies after their due date have healthy newborns. In fact, about 95% of babies born between 42 and 44 weeks are born without problems.

There are a number of reasons your baby may be in danger after 42 weeks. After this time, the ***placenta*** may not function as well. Also, as the baby grows, the amount of ***amniotic fluid*** may begin to decrease. Less amniotic fluid may cause the umbilical cord linking the baby to the placenta to become pinched as the baby moves or the mother's uterus contracts. If pregnancy goes past 42 weeks, a baby has a higher risk of certain problems:

- Dysmaturity syndrome—The baby is malnourished and born with a long and lean body, an alert look on the face, lots of hair, long fingernails, and thin wrinkled skin.
- Macrosomia—The baby is larger than average, which may cause problems during and after delivery.
- ***Meconium*** aspiration—The baby inhales meconium. This blocks the airways, causing the baby to gasp for air. It requires treatment right away.

Postterm pregnancy may increase the chance of ***cesarean birth***. The risks to the mother are increased in cesarean birth. It is major surgery and requires anesthesia.

Finally . . .

Very few babies are born on their exact due date. Most babies born after their due date are born healthy. Tests and careful monitoring during the last weeks of pregnancy and during labor can help ensure the best possible outcome for you and your baby. If you are worried about giving birth to your baby after your due date, talk to your doctor. He or she can help you decide what is best for you.

Glossary

Amniotic Fluid: Water in the sac surrounding the fetus in the mother's uterus.

Biophysical profile: An assessment by ultrasound of fetal breathing, fetal body movement, fetal muscle tone, and the amount of amniotic fluid. May include fetal heart rate.

Cesarean Birth: Delivery of a baby through an incision made in the mother's abdomen and uterus.

Contraction Stress Test: A test in which mild contractions of the mother's uterus are induced, and changes in the fetus's heart rate in response to the contractions are recorded using an electronic fetal monitor.

Electronic Fetal Monitoring: A method in which electronic instruments are used to record the heartbeat of the fetus and contractions of the mother's uterus.

Meconium: A greenish substance that builds up in the bowels of a growing fetus and is normally discharged shortly after birth.

Nonstress Test: A test in which fetal movements felt by the mother or noted by the doctor are recorded, along with changes in fetal heart rate, using an electronic fetal monitor.

Placenta: Tissue that connects mother and fetus, provides nourishment to the fetus, and takes away its waste.

Prostaglandins: Chemicals made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

Ultrasound: A test in which sound waves are used to examine the fetus or view the inner organs.

Umbilical cord: A cordlike structure that contains blood vessels and connects the baby's bloodstream to the placenta.